



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

- 2 1 C C 11/1 1

Full Organization Na	ime:	100	DECKER T	000	The Counci	1		
Account Number:	1/02/	1	_	Date of th	nis Report: 1/3/0	7	_	
REPORTING PERIO	OD:	FROM:	3/29/09	_ TO:	12/3/06	_		
Check the box that a	pplies to this	report:						
Primary Election		8-DAY	□ 30-DAY		Office:	0		
General Election		8-DAY	□ 30-DAY		Lewes C.	4 60	uneil	
Other Election		8-DAY	□ 30-DAY			1		
Special Election		8-DAY	□ 30-DAY			0		
Year End Report	赵	Final Org	anization Closing		Closing D	ate:	12/3/0	7
TREASURER SIGNATUR	u h	_	e ku			1/3/ DATE	107	2 7
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to This &	yell	*			370			
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STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	110211	REPORTING PERIOD:	3/29/06	12/31/06
				FROM	7 то
1.		NG BALANCE at Balance from last reporting perion	iod)	-	0
2.	RECEIPTS	S:			
	A.	SCHEDULE A - TOTAL RE	CEIPTS	-	
	B.	SCHEDULE C-1 - TOTAL IN	N-KIND CONTRIBUTIONS		
	C.	SCHEDULE D-1 - TOTAL L	OANS RECEIVED		
	D.	SCHEDULE E - TOTAL EX	PENSE REIMBURSEMENTS REC	EIVED	
	E. SU	BTOTAL (Total of A, B, C, D)			
3.	EXPENDI	TURES:			
	F.	SCHEDULE B - TOTAL EX	PENDITURES	<u> </u>	
	G.	SCHEDULE C-2 - TOTAL II	N-KIND EXPENDITURES		
	H.	SCHEDULE D-2 - TOTAL L	LOAN PAYMENTS		
	I.	SCHEDULE E - TOTAL EX	PENSE REIMBURSEMENTS PAII	D .	
	J. S	UBTOTAL (Total of F, G, H, I)			0
4.		BALANCE ng Balance plus 2E, minus 3J)		,	0
5.	VALUE O	OF NON-CASH ASSETS (From Sc	chedule F)		
6.	VALUE O	OF DISPOSED/TRANSFERRED A	ASSETS (From Schedule G)	4	0
7.	VALUE O	OF LOANS AT END OF PERIOD	(Loan Balance from Schedule D-2)	9	O
8.	CLOSE O	OUT BALANCE (Must equal zero	if Committee closed)	ä	Q



SCHEDULE A - TOTAL RECEIPTS

ACCT#: 1/02/1	REPORTING PERIOD:	3/29/06	12/31/06
		FROM	TO /

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date	Contrib	Contributor	Contributor	Aggregate	Amount
Received	Type	Name	Mailing Address	Amount	Received
115					
		EMILE DE MINISTRALE, EN			
					N.T. IIII
OTAL RE	CEIPTS IN EX	CESS OF \$100			
OTAL RE	CEIPTS NOT I	N EXCESS OF \$100			
RAND TO	TAL RECEIPT	rs			0
		PPEAR ON PAGE 2, STATEMENT OF	FACCOUNT BALANCE, ITEM 2A)		



SCHEDULE B - TOTAL EXPENDITURES

ACCT#: // 22/	REPORTING PERIOD:	3/24/06	12/31/06
		FROM	To /
And the same of th			

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Expended	Payee	Payee	Reason	Aggregate	Amount
	Name	Mailing Address	Code	Amount	Expended
		General Property of			
					W. T.
				TTETE	



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#: 110211	REPORTING PERIOD:	3/24/06	12/31/06
		FROM	/ TO/

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100-

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Estimated Value Received
				T mine meetive
	No. of the last of			
N 1000 E				
TOTAL IN-KIN	D CONTRIBUTIONS IN EXC	ESS OF \$100		
COTAL IN LUN	D CONTRIBUTIONS NOT IN	EVCESS OF CIAN		
OTAL IN-KIN	D CONTRIBUTIONS NOT IN	EACESS OF \$100		
PAND TOTAL	L IN-KIND RECEIPTS			0
		ISTATEMENT OF ACCOUNT BALANCE, ITEM	4.200	



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT#: 110211	REPORTING PERIOD:	3/24/076	12/21/06
		FROM	/ TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expended
			EL PROPERTO LA CAMPA	
	Automorphic Company			
OTAL IN-KIND	EXPENDITURES IN EXC	ESS OF \$100		
TOTAL IN-KIND	EXPENDITURES NOT IN	EXCESS OF \$100		
RAND TOTAL	IN-KIND EXPENDITURES	·		0
		TATEMENT OF ACCOUNT BALANCE, ITEM 30		



SCHEDULE D-1 - LOANS RECEIVED

JANS RECEIVE	D IN EXCESS OF \$50:				
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
					100
			ere autova i m		4 (2)
TAL LOANS RI					0

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



SCHEDULE D-2 - LOANS

ACCT#: // 02//	REPORTING PERIOD:	3/20/20	12/3/106
		FROM	/ro / "

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
-							
					THE STATE		
	THE PERSON						
-							
					D 297		
			F by The F				
OTAL LOA	NS						O



SCHEDULE E - EXPENSE REIMBURSEMENTS

	rsements received by you and paid by you must be iter				
Date Received	NTS RECEIVED (Monies paid to you as reimburse Reimburser Name and Mailing Address	ments for expenses you incurred.) Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
OTAL REIMBU	RSEMENTS RECEIVED				0
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 21	0)		O
EIMBURSEMENTS	7 (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Activity Date	Total Expense Amount	Reimbursement Paid
EIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity	C-06/10/1	Reimbursemen
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity	C-06/10/1	Reimbursemen
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity	C-06/10/1	Reimbursemen
REIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity	C-06/10/1	Reimbursemen

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)



SCHEDULE F - NON-CASH ASSETS

TOTAL ASSET VALUE

CCT#: //02	//	REPORTING PERIOD:	3/24/06	12/3
			/ FRO	OM / 7
emize all non-cash as ontributed to the organ	sets owned by the organization including nization.	g those paid for by the organization, len	nt to the organization	and
Date Date	SH ASSETS: Description	Locatio		Value
Received	of Asset	of Asset (Physica		of Asset
				N FE BOOK
3 44				
				THE RESERVE
			The Exercise	M LEWY BY
		intelligence beginnen		
	THE PERSON AND ASSESSED.	THE RESERVE OF THE RE	No. of the last	
			10 70 7 15	

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT#: //02	V/	REPORTING PERIOD: 3/20	12/3/ ₁
temize all non-cash ass	sets disposed of, transferred or sold by t	he organization during the reporting period.	
ALL NON-CASH ASS	SETS Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
	All the state of t	THE RESERVE LEWIS CO. LANSING	
SANTE DE LA CONTRACTOR DE			

TOTAL ASSETS ELIMINATED

TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)

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